			VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-013151
DO NOT WRITE ON THIS STUB	AMENDED		Registration District No
VS 300		1	1. FLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits
1	AM	11	TOWN St. Louis D.O.A. TOWN St. Louis C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Inside Limits ADDRESS (If cutside, give location) Reside on Farm
2 2/	0 27 2		HOSPITAL OR INSTITUTION St. Louis City Hospital Yes 🕏 No 🗆 ADDRESS 4248 College Avenue Yes 🗆 NGCK
3		7	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF Margaret.e Schevemann DEATH March 27, 1962
4 /			Margarete Schevemann DEATH MERCII 27, 1902 5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR 1F UNDER 24
5 2			female white Widowed & Divorced 3-9-1900 62 Months Days Hours Mile
6	S		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
7 7	FOLLOWS		Saleslady Ellerbrock Bakery Cb. Germany U.S.A. 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
7 2	죠		Herman Dittert Caroline Stelzer deceased
	\$		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service Address)
9	ARE	<u> </u>	no 18. CAUSE OF DEATH (Enter only one cause per line fight) 18. CAUSE OF DEATH (Enter only one cause per line fight) 18. CAUSE OF DEATH WAS CAUSED BY: \(\) ONSET AND DEATH
10	0% 0°	MEN	IMMEDIATE CAUSE TO TON QUI QUEN LY hang and when decorad hang balk
11	0141	DOCUMEN	
1 12/27/1 2 1	THIS REC		which gave rise to above cause (a),
1	┗ ┼ ┼┼	-	stating the under- lying cause last.) DUE TO while Duffering from Mendal about allow.
911	8		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19 DEATH day not related to the terminal disease condition given in PART I (a) PART III. If decessed wes female there a pregnancy in last 90 d
"			
	¥Q		19. WAS AUTOPSY 20a. ACCIDENT SUIQUE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter dature of injury in PART I or PART II of item 18.)
V N	AMENDMENTS		20c. TIME OF Hour Month, Day, Year INJURY a.m. 3-27-62
USE BLACK INK OR PEWRITER RIBBON			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
		.	NOT WHILE AT WORK & Home St. Fours, Mo
A O 플	READ		21. I attended the deceased from H40 4 to and last saw him alive on hi
SE			Death decurred at m on the date stated above, and to the best of my knowledge, from the causes stated.
USE BLACH OR TYPEWRITER	SHOULD	VITO	Topesh on Summer you 1300 Cach 3296
	0	FIDAV	232. BUPIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City;:filwn; or county) (State) REMOVAL (Specify) 3_30_62 Belle fortaine Cemetery St. Louis. Missouri.
	N NO	AFFI	Belle fortaine Cemetery St. Louis, Missouri. January Funeral Director Address 25. Date RECD. By Local REG. 26. RESSTRAR'S FIGNATURE.
	ITEM	BX	Math Hermann & Son, Inc. 2161 E. Fair Ave. MAR 29 1962 Load Smith . M.D.

STATEMENT BY LICENSED EMBALMER

or by	is recorded on the reverse side of this certificate was embalmed by me,
working under my personal supervision.	Signed Wilford & Busnley
Student Signature of Student Embalmer	Signed / Sig
	Licensed Embalmer No. 4202 P. O. Address Afficientials

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.